PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10790762

	<u> </u>	CLAIMS A	S FII FD	- PART								
			(Colum		(Column 2)			SMALL E TYPE [OR		R THAN ENTITY
TOTAL CLAIMS			30					RATE	FEE	7.	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			30 m	inus 20=	* /-0			X\$ 9=		OR	X\$18=	180
INDEPENDENT CLAIMS			8 minus 3 = *			<u> </u>	1	X43=		OR	X86=	43 D
М	JLTIPLE DEPE	NDENT CLAIM F	PRESENT					+145=		OR	+290=	125
* If the difference in column 1 is less than zero, enter "0" in column 2						Ł	TOTAL		OR	TOTAL	1380	
CLAIMS AS AMENDED - PART II									<u> </u>		OTHER	
(Column 1)			(Column 2) (C			(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF M	Minus	PENDENT	CL AINA	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
	12789152026							TOTAL		OR	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	Al	DDIT. FEE	<u> </u>	_ /	ADDIT. FEE	
m		CLAIMS		HIGHE	ST	(00/0///// 3)	lr		ADDI-	1 [4001
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	N. A.IA.A	-		X43= ·		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	·
							<u></u>	TOTAL			TOTAL	-
		(Column 1)		(Caluma	-: 0 \	(Cal 0)	AD	DIT. FEE L		IOI' A	DDIT. FEE	
	`	CLAIMS		(Column		(Column 3)	_					
MEN		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	f rit		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X43=		-	You	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								^ 4 3=		OR	X86=	
• If	the entry in colum	nn 1 is less than the	ontni in onli i	0	• :!		Ŀ	145=		OR	+290=	· [
!! !!	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										TOTAL DOTT. FEE	
T	he *Highest Num	ber Previously Paid	For" (Total or	Independent	is the h	nighest number	found	in the appr	opriate box	in colur	nn 1.	